

## On Navigating Paranoia, Repair, and Ambivalence as Crip Pandemic Affects, Or, I'm So Paranoid, I Think Your COVID Test Is About Me

by Jiya Pandya | Issue 11.2 (Fall 2022), Crip Pandemic Life: A Tapestry

**ABSTRACT** How do my “hermeneutics of suspicion” color this current crisis? In this auto-theoretical essay, I reflect upon the blend of judgment, suspicion, and paranoia that have settled into my body-mind this past year, and how these feelings shape my engagement with people, institutions, and systems. I have been taught that “judgment” is an essential aspect of immigrant and crip safety. Recently, it has become my (crip)epistemology, and I cannot decide whether this is for better or worse. On the one hand, suspicion is productive. It has kept me and my loved ones alive in a time of deliberate death. On the other, it frustrates, disrupting my capacity for connection. I check my temperature constantly, I hear the guilt in my voice when my family in India tell me they have not left the apartment in months, I spend precious time with friends calculating their risk relative to mine, I go to protests but am afraid of the consequences of my solidarity. Drawing on Eve Sedgwick’s essay on paranoid reading practices, Patricia Stuelke’s *Ruse of Repair*, Sianne Ngai’s work on ugly feelings, Nikolas Rose’s analyses of somatic ethics, and Mel Chen’s theory of racialized toxins, I explore the modalities that paranoia has both enabled and disabled for me. I examine my ambivalent relationship with repair—some reparative practices like mutual aid sustain queer/crip/immigrant community while others like cure constrict our lives. This piece aims to tease out the tensions latent in crip worldmaking between suspicion and generosity, public health and communal care, and paranoia and repair.

**KEYWORDS** affect, queer, crip, embodied politics, care, paranoia, repair, ambivalence

### Introduction—Try Breathing

It is April 2021. Standing at the bathroom sink, staring at the mirror stained with toothpaste streaks and soap stains, I wait for the beeping. The cold metal of the thermometer pushes

under my tongue as I scroll through Instagram, photographs of unmasked acquaintances posing against Hawaii sunsets tagged #PandemicTravel mixing with single-color infographic squares which declare 'YOUR CHRONICALLY ILL FRIENDS NEED YOU TO STAY THE F\*\*K AT HOME. OUR LIVES DEPEND ON IT.' My roommate walks past. "Isn't this the fourth time today you're taking your temperature?" I shrug, and the machine lets out two quick high-pitched beeps. I extract it. Exhale. Examine. No fever. The screen flickers. I panic, take a sharp breath in, air catching in the back of my throat. The numbers stay the same. I rinse the thermometer, and emerge into the living room, sighing, pushing the air out of my chest that I just sucked in, in the hopes that clearing my lungs might help. It does not. I take a seat at the dining table and resume my scrolling. I know I should feel relief, but the paranoia has become routine. It is simply a matter of time before I stick the cold metal under my tongue again. My roommate pours me a cup of coffee. "What is the point of being so paranoid? How long will you do this for? What does it do for you or anyone else? Aren't you tired of feeling this way?"

In this essay, which I composed between December 2021 and January 2022, I try to unpack these questions. Pandemic culture, or rather my experience of it, like the virus itself, has adapted and morphed into a whole new array of problematics since 2021. But for the first two years of our ongoing global public health disaster, and even since in ways I have not fully comprehended, paranoia, and the suspicious, contradictory feelings that accompany it, have become my primary mode of emotional interpellation with the world. It is quite evident to me and those around me that I *am* paranoid, and this paranoia often presents myriad difficulties. To find a way through, I have been chewing on the modalities of this paranoia, its temporalities, impacts, limits, and alternatives.

Drawing on work by scholars who examine cultural manifestations and political efficaciousness of the emotions and epistemologies that comprise affect, I emphasize the individual, sensory, physical, and psychic modalities of paranoia. Paranoia, in this piece, then, is at once individual and collective, embodied and relational. I understand that affect is distinct from feeling, but, particularly now, during a time of mass debilitation, the embodied act of experiencing affect is essential to its structuring of our epistemologies, ontologies, and social movements.<sup>1</sup> It is impossible for me *not* to think of paranoia's reach in my body-mind when unpacking its use and misuse amidst crises which directly impact body-minds, such as a global pandemic, racialized carcerality, gendered violence, attacks on sexual minorities, and climate catastrophe. As such, I reach for auto-theory in this piece because, as Caitlin Merrett King writes in "Unsure Theory," it allows me to think with these concepts as "not really about me, even though it definitely is all about me," offering both critical distance and critical relief.<sup>2</sup>

This essay begins with and follows Eve Kosofsky Sedgwick's essay on paranoia to explore where paranoid practices both open room for and push against what I want my world to be. I parse through how Sedgwick's definitions of paranoia mimic my practices, how her critiques parallel my hesitations, and, in following my roommate's questions, what my paranoia *does* through its temporal and political orientations. I then turn to the alternative Sedgwick offers to paranoia, that of "repair," which is a tempting mode of praxis, following crip practices of care-work and mutual aid. Yet, because of how paranoid I am, I try to articulate my unease with certain forms of repair, following Patricia Stuelke's warnings that it can be absorbed into neoliberal politics and futurities. I end with ambivalence, following work by feminist, queer, and crip scholar-activists who have theorized it before me, and pulling particularly from a recent essay by Caitlin Merrett King. I offer it to myself and you as the reader as an opportune affect for our current moment, one which allows us to hold paranoia and repair in productive tension, while committing to neither individually nor the two as a binary.

## Paranoia—Inhale—Let the Suspicion In

Suspicion has settled into my tissues, my mind, and my writing since I got COVID-19 at the beginning of 2020, but I am by no means new to paranoia. To keep my body-mind safe as it traverses between India and the United States while navigating gender, queerness, disability, race, trauma, and citizenship, I have relied on my sense of suspicion. When walking down a dark road, when being patted down at the airport, when dancing around a name in conversations in order to stay protected, when being the only person who looks like me in a room, when in a visa office or a doctor's office or a therapist's office—I have learned, the hard way, to be suspicious of the immediacy of systemic violence and my interactions with people imbricated within those systems.

The virus, however, has driven this suspicion deeper, making it central, almost cellular, in a way it had not been before. If, previously, it had been an awareness, it is now an epistemology. The suspicion has made me fearful of losing control over my body, even as control has always been unattainable, deepening my own investments in what Mel Chen describes as "individual bodily, emotional, and psychic security."<sup>3</sup> While I have religiously avoided doctors out of a mistrust of biomedical expertise, I check my temperature constantly, hyper-conscious of every scratch in throat, flush of skin, twitch in muscle. Before getting a booster, I wore not one, but two N-95 masks when leaving the house, and crossed the street any time I saw anyone unmasked around me. I judged those around me who did not do the same. I follow long COVID websites obsessively, suspended in inaction, avoiding diagnosis. Nikolas Rose argues that in the past few decades we have seen "selfhood" become "intrinsically somatic" and "biopolitics" have entered "the domain of

decision and choice."<sup>4</sup> The sense of "threatened immunity" promulgated by an air-borne disease has rendered porous the traffic of paranoia between the epistemological, social, relational, and personal; fusing my own "will to health" with my attempts at care work, political engagement, and intellectual labor.<sup>5</sup>

As the virus updates, so does my paranoia—I stick testing swabs up my nose weekly while scrolling Twitter. I observe the anger of those around me who cannot leave their homes because the world is operating as if COVID is no longer a threat. I see those whose vulnerability to the pandemic shaped my own decisions around safety now resuming their pre-pandemic routines because staying at home is simply no longer an option—because of work, because of their surroundings, because of differing access to information, or rather, different paradigms of information. I think about context, I worry about my own choices, I worry about what is being assumed about my choices. The worry does not change my newly recurring bouts of nausea, dizziness, and migraines (especially after more than an hour in a mask); it does not make people I know mask indoors; it does not stop my partner's workplace from putting our household in virus-friendly scenarios weekly. It does, I suppose, shape my own erratic and continuously self-debated practices of safety, my attempts to be cognizant and careful, but it also lets me *do* nothing for anyone but myself, as I monitor my own choices in order to maintain a sense of control.

Sedgwick describes paranoia as a "cognitive, affective, theoretical practice" which "knows some things well and others poorly."<sup>6</sup> She connects psychoanalytical genealogies of paranoia, learned from Freud, Tomkins, and Klein, to forms of contemporary critique to argue that paranoia, or the "hermeneutics of suspicion" have become the primary form of theorizing the "social" and related abstracted systems of power, exposing its seemingly "hidden" mechanisms.<sup>7</sup> Sedgwick, as Ramzi Fawaz describes, "was a theorist of tendencies, of the ways in which what we tend toward . . . shapes and reshapes not only our sense of self but our ethical relationship to the world at large."<sup>8</sup> In Sedgwick's words, paranoia, as a tendency, can have "an unintentionally stultifying side effect," shaping an ethical mode that is fundamentally reactive, one with a "distinctively rigid relation to temporality, at once anticipatory and retroactive, averse above all to surprise."<sup>9</sup> My paranoia certainly is reactive, anticipatory, and retroactive. I defend its primary political function—keeping me and people around me *safe*—but in the name of safety it often looks over its shoulder, judges, jumps to conclusions, and reaches for decisions and clean attempts at closure which never will arrive.

My practices of "safety" in the pandemic have enabled me to *feel* in control of my body and my political values, but in so doing have contradicted both my values and my bodily needs by betraying my commitment to care and interdependence. Paranoia allows little room for flexibility and surprise, averse above all, as Sedgwick describes, to an experience of

unknowing or unpreparedness.<sup>10</sup> In attempts to control whatever little is possible, I, like so many others, have hoarded masks and test-kits because I can afford to, in an attempt to protect my own sense of security, at the expense of those with less funds and less ability to safely leave the house than me. The sense of security I gain from hoarding is fleeting, a fantasy of individual sovereignty in a time when individual safety is pitted against an undefined, generalized Other bearing a distant, external "risk."<sup>11</sup> In India, where I grew up and was doing research during the Omicron spike, paranoia around "public health" led to rapidly imposed lockdowns which left millions of poor, often low-caste, migrant workers stranded, subject to violent practices like being publicly hosed down with disinfectant in the name of "sanitation."<sup>12</sup> I have heard warnings from those around me to stay away from "impure" and "unhygienic" groups, terms often coded in classist and casteist logics. In the United States, where I am based, similarly, houseless folks have been subject to carceral sanitation logics and police harassment around cleanliness, a problem that has long intersected with disability and race.<sup>13</sup> Even as I *critically* distance myself from practices of policing and untouchability, my anxieties have made me *physically* distance myself from those classified as an ambiguous "risky" Other, making me complicit in the very practices I seek to dismantle.

Suspicion and paranoia become undoubtedly "ugly" feelings, which, following Sianne Ngai's conceptualization, are "explicitly amoral and *noncathartic*, offering no satisfactions of virtue, however oblique, nor any therapeutic or purifying release."<sup>14</sup> Too tired of my own anger and too privileged to feel fear, an orientation towards paranoia has provided me a convenient affect: suspicious at every scale, but suspended in inaction. This inaction makes me suspicious of my suspicion, paranoid about my paranoia, wondering both whether I am doing too much or doing too little. Reminders of the limits of paranoia have forced me to reckon with my own affect, or at least question it to better understand it as a "changing heterogenous and relational stance, rather than as a "stable personality type."<sup>15</sup> I am trying to stop myself from judging the morality and virtue of those around me if they do not exhibit the same suspiciousness, trying to tell myself that those around me are not inherently racist or ableist just because they are not as mistrustful. While I try to retain my desire for my and other's safety as a political imperative for crip survival, something I believe to be a worthy end in and of itself, I have to remind myself not to tie neat bows around cripness, to remember solidarities which do not seem apparent in conversations on individualized safety and risk. This becomes particularly relevant as the pandemic that we remain steeped in collides with crises in government, environment, and law, with disease and death hyper-visible for those willing to look, suspicion and conspiracy ever-present in engagements with those who believe these crises to be a "hoax."

The fact that paranoia has been mobilized by all sections of the political spectrum makes it even more essential to interrogate. Sedgwick, writing while witnessing the rise of Clinton

and the Democratic establishment in the 1990s, pointed out that paranoia had been coopted by the political right as a “narrow-gauge,” “incoherent,” and “hyper-demystified” hermeneutic.<sup>16</sup> This, she argued, made it far less useful to queer studies than its affective orientation as critique in the beginnings of queer theory. If anything, in an era of fake news, WhatsApp university, fascist IT cells, and Parler, this paranoia is even more cemented in the contemporary right-wing zeitgeist, with attempts to legitimize it through performances of rigor.<sup>17</sup> In light of this, Ngai’s contention that intellectuals and cultural critics need to “recognize the way in which conspiracy theory seems intimately tied to the hermeneutic quests of male agent-intellectuals” holds particular relevance, especially for those of us invested in feminist, queer, and crip projects that have long been accustomed to paranoid forms of critique that seek to expose and deconstruct the logics of power that are hiding in plain sight.<sup>18</sup>

When circulating as a masculinist epistemology, as it often does, paranoia is treated as a valorized “enabling condition of knowledge” for some groups of people and an “ignoble emotionalism” for others.<sup>19</sup> Consider, for instance, Joe Biden’s remarks in September 2021 on “our patience wearing thin” during what he calls the “pandemic of the unvaccinated.”<sup>20</sup> This statement, part of a larger discourse on the “unvaccinated” in binaristic opposition to the “vaccinated,” ignored the many reasons people are not vaccinated. This binary is intended to incite panic through its own paranoid rhetoric, collating and dismissing global inequities around vaccine access with the various reasons for low vaccination rates emerging from different *forms* of paranoia. While a number of people on the political right see being vaccinated as an erosion of their agency during a “scamdemic,” a large proportion of Black Americans did not get vaccinated early on due to the long history of racialized eugenics and the systemic inaccessibility of medical resources for certain communities.<sup>21</sup> I have definitely found myself guilty of decrying “the unvaccinated” en masse. This line of thinking is possible because of my own ability to participate in elitist white supremacy, and lack of recognition of privilege as someone from a model minority receiving privatized healthcare. Moreover, it has been pointed out to me by anti-racist comrades that Black Americans have proven far more likely to overcome their vaccine hesitancy with careful outreach, showing that this critical form of paranoia comes from a far more relational and historically rooted epistemology than its counterpart’s oppositional and risky one.<sup>22</sup>

Ableism and sanism further shape the legitimacy of certain forms of paranoia, making it in many ways a politically *ineffective* affect. While paranoia is deployed as an “affect” and “orientation” for able-bodied, “rational,” patriarchal, heteronormative actors on the one hand, it is used as a diagnostic tool to dismiss disabled, mad, Black, brown, and poor folks on the other. S. Cavar’s blog post from the early stages of the pandemic describes the tensions of living with diagnosed OCD in a moment when paranoid compulsions have

become normative modes of health.<sup>23</sup> Although my roommate might mock me for taking my temperature four times a day, she understands this to be an eccentricity in a moment of crisis, rather than a diagnosis that distances me from routine performances and practices of normalcy. I get to explain away the limits of my empathy through the phrase “COVID anxiety,” when I interrogate a grieving friend I am caring for during a visit—have they been tested? Can they show me their results? The knowledge won’t change my ability to protect myself, but the assumed temporary temporality of crisis makes my desire permissible. What happens if and when COVID does “end,” though? While “sane and insane have proven to be malleable descriptors which rely on ever-changing social standards,” Cavar writes, “I wonder what will become of us once this moment of collective madness is complete.”<sup>24</sup>

## Repair—Exhale—Locate Your People

Given the structural and literal violence enabled by embodied, relational, social, and epistemological paranoia during the pandemic, Sedgwick’s call for reparative affect is certainly compelling. Writing in the aftermath of the AIDS crisis while grappling with her own debilitating experience of disease, she argues that paranoia’s method of “exposé” has political limits in a society where oppression is a blatant given.<sup>25</sup> In response to paranoia’s singular, reactionary, stultified hermeneutic, Sedgwick offers the reparative as a recognition of “the many ways selves and communities succeed in extracting sustenance from the objects of a culture—even of a culture whose avowed desire has often been not to sustain them.”<sup>26</sup> Sedgwick does not offer repair as a dualism with paranoia. Rather, she advocates in Fawaz’s words for an “agnostic openness” which “encourages us to loosen our commitments to any singular program of analysis and ask ourselves instead how our own desires, aspirations, fears, and anxieties might provide a key to new ways to read the culture we make and that, in turn, makes us.”<sup>27</sup> While she offers repair as a mode of reading, in the genealogy of queer and crip theorizing since, it has multiplied into reparative orientations, acts, and systems which mobilize themselves alongside and against paranoid practices.

Social justice-oriented spaces, particularly those run by crip elders, have long called for such modes of repair, emphasizing the prioritization of community safety over individual safety, present survival over assumed and sensationalized “future casualty,” and accountability over exposure. In compiling the #CripCOVIDSyllabus and participating in Princeton Mutual Aid, I was reminded of the centrality of mutual aid efforts and alternative modes of access to crip survival, a goal in its own right for those not intended to survive.<sup>28</sup> Disabled, Mad, fat, crip community members have released resource guides, mutual aid lists, survival tips, and guidelines on safe protesting and direct action which speak not only to those communities but also share lessons and expertise with normative able-bodied

folks in search of answers amid crises.<sup>29</sup> These communities have also shown that crip reparative work is meaningful in its context-specific, contingent, and localized world-building which forms part of a long history of practicing intimate and relational modes of care.<sup>30</sup> In my world, I have been lucky to receive support, ideas for action, food, and money from those around me, whether in the form of meal delivery when I am sad or sick, nudges to join protests when I am able, or company and comfort when it's what I need most.

These forms of reparative, present, and survival-oriented practices are not naïve gestures in the face of violence. As Dean Spade reminds us, mutual aid is "survival work" that is "done in conjunction with social movements demanding transformative change."<sup>31</sup> Its aim is to "build and connect large-scale movements" but it is only "one tactic in the social movement ecosystem," operating "alongside direct action, political education, and many other tactics."<sup>32</sup> Reparative acts, which include mutual aid, pod-mapping, transformative justice, and other more informal forms of care-work, recognize that violence shapes the conditions of survival, that these conditions necessitate radical overhaul, and that reparative acts are one facet of the multiple modes of building towards that overhaul. The past few years have seen a resurgence and popularization of justice-driven abolitionist logics, thanks to the work of Black, brown, and disabled scholar-organizers like Mariame Kaba, Ruth Wilson Gilmore, adrienne maree brown, Alexis Pauline Gumbs, Walidah Imarisha, Leah Lakshmi Piepzna-Samarasinha, and Mia Mingus.<sup>33</sup>

These theorists and activists and others like Alison Kafer have argued for futurity—particularly the persistence of queer and crip-of-color communities—as an essential political act, in contrast to "no-future," "death-drive" impetus of members of the movement.<sup>34</sup> They show how crip investments in care help create the possibilities for radical presents which help *facilitate* radical futures. Located in the present and working towards a future, crip, and abolitionist modes of caretaking and community-building also make room for the difficult work of mourning. Pain and grief, after all, are feelings that get repressed and ignored both by the inaction of paranoia and the reformism of neoliberal aid. As such, reparative work's endpoint is building a way out of the oppression that necessitates its existence.

However, repair too has its limits (here comes the paranoia again). As Patricia Stuelke contends in her provocative text *The Ruse of Repair*, this turn to care-work as one of many antidotes to paranoia "has a history, one that is inextricable from the cultural and social forms of US imperialism and anti-imperialism in the late twentieth century and concomitant rise of neoliberal racial capitalism."<sup>35</sup> She connects Sedgwick's critique of paranoid orientation to "a broader sensibility suffusing" political movements and academia in the 1990s as a response to the "failed struggle against" empire in the 1970s and 1980s.<sup>36</sup> Operating from spaces of "emergency and exhaustion," Stuelke argues, activists, cultural



workers, and politicized individuals have sought relief in “dreams of compassionate connection and the reparative reconstitution of intimacy, family, and community across borders and racial and class divides.”<sup>37</sup>

This reparative mode, Stuelke continues, assumes a common understanding of oppression. In so doing, it obscures the oft-precarious labor of those who engage in modes of critique which actively expose these structures, instead producing a notion of kinship and care which ignores the various locational and positional fissures in community-formation. The critical stance against paranoia which rails against the legibility of structural violence risks obscuring the “labor of those activists, scholars, writers, and artists who worked hard to make and circulate that knowledge, as well as the degree to which the discourse of transparency effaces the methods of exposure central to their work.”<sup>38</sup> I do not claim to be such an activist or scholar, but I do know that I am exhausted of being told I “think too much” and am “looking for reasons to be anxious” by supposed coconspirators. Crip theory and organizing have been central to my lifework, and I am lucky to be in academic spaces where disability can be part of the conversation, but there remains this disjuncture between what is known in the abstract and what is known in practice.

Relatedly, appeals to treat oppression “as obvious and evident,” Stuelke says, “tend to overestimate the legibility of state and capitalist violence, as well as the extent to which understandings of that violence are known and shared.”<sup>39</sup> I have found in my own experience that “community” is a term which, as Mia Mingus cautions, comes with wildly different, often romanticized ideas on oneness which simply do not hold up when it comes to moments of crisis.<sup>40</sup> Particularly as large parts of “feminist,” “queer,” and even “mutual aid” communities that I am a part of begin their return to “normalcy,” it is apparent that the assumed “shared understanding” we had of the gravity of COVID and broader historical tensions around public health has diffused. Only a few non-disabled people in my world have paused to actually *materially* consider that the crises of the past few years have varying levels of impact—they “get it” in theory but don’t “get it” enough to demand anything different.

Even as we endlessly seek out and consume death tolls and case numbers, we seem to barely hold space to recognize what it *means* that a disproportionate section of the people these numbers represent are disabled and chronically ill. The director of the Centers for Disease Control and Prevention (CDC) in a prime-time television interview in January of 2022 said that 75% people who died of COVID “were unwell to begin with” which is “encouraging news in the context of Omicron,” implying that it was *positive* that “unhealthy” people are wiped out of the species pool while “normal,” “healthy” people remain safe.<sup>41</sup> Particularly given how access to both health-giving lives and life-giving healthcare have historically been shaped by racism, classism, imperialism, and fatphobia,

such a statement, as Matthew Cortland explains in a tweet, is plain “eugenicist.”<sup>42</sup> Disabled activists have been screaming hoarse about the logics of disposability brought to the fore not only by COVID, but also long before.<sup>43</sup> Yet, most triage procedures, “post-COVID” policies, and medical rationing guidelines pertaining specifically to disability have gone unquestioned in some of the non-disabled activist spaces I occupy. As the world “re-opens,” my and others’ attempts for the kinds of hybrid or remote access that previously sustained our work and social lives are now largely met with frustration about the inconvenience they cause or how they disrupt the aims of the spaces we inhabit.<sup>44</sup>

Additionally, calls for survival, mutual aid, and communal care rarely consider the transnational or translocal stakes involved in such a moment of crisis. COVID-19 is a *global* pandemic, and its impacts are *global*. Mutual aid and local support networks are laudable and essential, but as someone caught between two “homes” with differing resources, I am stuck between contributing to mutual aid efforts on the East Coast, where I have spent most of the pandemic, and being unable to really change the overwhelming resource-disparity, especially within redistributive networks in India, where I am from and where I conduct research. A friend, themselves disabled, was organizing ventilators for COVID-patients in Delhi in the midst of the Omicron spike in May 2021 and shared with me the impossibility of their work—“we’re often too late in meeting requests, and there are often too many to manage. I don’t know if I can keep doing this.” Later that summer, I looked through an excel sheet of mutual aid asks in New Jersey while on the phone with a family member, feeling the guilt rising as she told me how members of my family who are much more vulnerable to COVID-19 than me had to drive around Mumbai searching for vaccines, while I had received two doses and was awaiting my third. Global vaccine and resource inequity are, of course, functions of neoliberal empire and not about singular action; nevertheless, in the face of the scale of this crisis, a lot of calls to care and kinship feel hollow.

When I and disabled folks I follow on social media bemoan the “unmasked,” often with good reason, we emphasize reliance within our communities, producing an unwitting “insider” around the notion of “disabled” which is geographically and logistically bounded. Yet, as scholars at the intersections of disability and race have cautioned, access to disability identity is an impossibility for a variety of people, particularly in the Global South, whose bodies are considered disposable to begin with.<sup>45</sup> Mutual aid is intended to be a localized effort aimed at building broader solidarity. But in many academic and activist spaces, it seems to me that the radical promise of this vision is bounded by a desire for a shared imagined vocabulary and location. I want to assert that crip futurity is a radical end in and of itself, but I am continuously stuck wondering which crips’ futurity I am advocating for and to whom cripness remains foreclosed. My assertion becomes particularly difficult to

justify when many crips I know cannot or do not perform cripness, risk, or paranoia in the ways that I do.

Gatekeeping, which I am guilty of, presents a problem in so many of the pods, spaces, and communities I inhabit, premised on the paranoid judgements and performances of caution that immediately sequester attempts to bring people into the fold. My “pod,” meant to be the group of people I rely on in moments of trauma or danger, is geographically spread out, limited by distance and unable to jump to action when necessary. My hyper-mobility, which is tied to immigration and precarity, and yet simultaneously a privilege, has often prevented me from even joining in on efforts which require a sense of place that I do not have. In Princeton, Philadelphia, and Boston, where I have spent the past few years, the very people who can benefit from reparative engagements are often absent in these spaces because many collectives rely on shared social networks. Stuelke argues that “the feel-good fix that the reparative offers hasn’t yet freed, and in fact cannot free, everyone from state and racial capitalist violence, even though sometimes . . . the opposite feels true.”<sup>46</sup> I want to celebrate the moments of joy and care emerging, against all odds, during this crisis. But existing between two unequal locations sometimes makes that feel like a contradiction in terms.

## Ambivalence—Keep Breathing—Towards a New Crip Affect

So where does that leave me, leave us? Tired of paranoia, critical of repair, attempting to embrace both and neither? What is a possible ethical, political, radical, crip affect to inhabit? An answer I want to argue for is “ambivalence,” an affect that I consider crip and that I am slowly teaching myself to inhabit. There is undoubtedly room for paranoia.

Paranoia, in Ngai’s words, “does not so much solve the dilemma of social powerlessness as diagnose it powerfully.”<sup>47</sup> Interpersonally, it has kept me somewhat safe. However, paranoia can disarm possibilities for meaningful, if limited, connection, deepening our investments in neoliberal individual forms of care and our disinvestments from state and community apparatuses. It can and has led to inaction, to pure imagination, to critique with no end, to an endless retroactive, reactionary anxiety. Repair offers relief, but this relief has its limits. While pleasure and amelioration, as Sedgwick cautions, are not “mere” political goals, they can lead to a desire to think only *within* certain inaccessible borders and histories.

Ambivalence, as I see it, is Sedgwickian in its messiness and its axiomatic modality, but departs from the reparative mode in its emphasis on embodiment and feeling, perpetually incomplete temporal orientations, and its acceptance, even welcome, of complicity as a site for political energy. My thinking with ambivalence draws on neuroqueer theorist Merri

Lisa Johnson, writing scholar Hillery Glasby, and artist-theorist Caitlin Merrett King, building on their words and bringing in the modes of relationality I have learned from a long line of Black and Third World feminists both within the academy and within my home(s).

Johnson theorizes the inhabiting of neurodivergence as a political imperative, positing “pain-centric” work as method.<sup>48</sup> Ambivalence, to me, is pain-centric in its recognition of pain as an inevitable, central, and productive political tool, which can necessitate critical exposé and communal care but probably cannot be encompassed, fixed, or even understood by either. Rather than turn pain into paranoia (*everyone around me is trying to get me sick*) or attempting to reduce pain (*a few small things I do can stop other people from getting sick*), ambivalence allows for wallowing, languishing, and embodying (*I don’t want to be sick or want others to be sick and I will work towards that but I will probably fail and that is okay. I should try again. I know I am not doing enough, but regardless I have to do what I can, and that can be taking care of myself. But also, this could all be wrong, so convince me otherwise*). The length of ambivalence, what Merrett King calls its “hedging” and “excess,” might seem to be politically inefficient, but instead, it offers sustainable political action, working *with* rather than *through* tiredness. Unlike what queer studies scholar Ellis Hanson calls the “depressive position” of paranoia and repair, which occasionally position the feeler as judge or martyr, ambivalence occupies sitting on the fence as a political mode—ready for action but also ready for retreat.<sup>49</sup> It rids itself of the self-righteousness of an end-point, of either optimism for the future or pessimism for the past, resting instead on *doing what one can, when one can, even when one doesn’t believe it will make a difference* as a strategic, sustainable, and crip affect. “Ambivalence draws its energy from a state of being unresolved, enmeshed, disoriented,” writes Glasby, calling for an unfinished product—or in my case an undecided temporal orientation—as part of the impetus to inhabit contradiction as epistemology.<sup>50</sup>

Ambivalence, as Merrett King unpacks in her essay, is distinct from other affects in its (empathetic) recognition of complicity. Instead of self-flagellating for being imbricated in power, or relying on the catharsis of hope, futurity, and survival, ambivalence is “both amoral and moral, and *noncathartic* and *cathartic*.”<sup>51</sup> Ambivalence, or what she calls “Unsure Theory,” “fails itself,” “it is anti-capitalist yet complicit; at odds with the academy yet crouched here in this Special Issue.”<sup>52</sup> I would like to add here that a key feature of navigating complicity is that a consideration of strategy is essential to embodying ambivalence. One deploys affect based on the situation, but does not have to commit to it, and one is likely to make mistakes. Third World, Black, and transnational feminists like Chela Sandoval, the Combahee River Collective, and Chandra Mohanty have long shown pathways into thinking beyond monoliths and operating from the uncertain.<sup>53</sup> They argue against reaction, pushing instead for ambiguity and an awareness of one’s limitations, continual examination and self-criticism, and the forging of community as praxis rather

than through assumption. They further advocate that ideological stands be adopted, as Sandoval states, by reading “the current situation of power and self-consciously choosing and adopting the ideological stand best suited to push against its configurations.”<sup>54</sup> These positions, and the complicated positionalities they emerge from, produce axiomatic, contradictory affects which center retroactive critique, present care, radical futurity, and, fundamentally, solidarity, with an array of “my” and “not-my” people. They lead us to think widely and messily and to accommodate disagreement (within one’s community and oneself). As Merrett King concludes, “this attempt to do it all, to have my cake and eat it too, to be critical, accessible and complicit with capitalism, then critical of that complicity for an audience” pushes “towards a non-neoliberal, personal but not individual, unsure polyphonic choir of hedgy voices.”<sup>55</sup>

What makes ambivalence crip is an investment in the idea that, in Kafer’s definition, “crip” itself is the “promise” of a “we” rather than a “fact,” a statement that I read as a challenge to consider complicity, hope, action, and rest, all within the same frame.<sup>56</sup> In our new pandemic world, I aspire for ambivalence to mean a commitment to care, a continuity of mutual aid, an openness to people joining our movements, a skepticism of everything around us, a continuous frustration with contemporary crises, and, if it all gets to be too much, a nap at 2:00 p.m. I am aiming to make and unmake my commitment to questioning, aiming to breathe in paranoia and breathe out repair, and then to do it the other way, as this myriad panoply of strategies, affects, actions, and temporalities linger, unsettled, just under the skin.

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## Notes

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10. Sedgwick, "Paranoid Reading," 146. ↵
11. See Mel Chen's essay on the racialized and gendered divide between private and public: Mel Y. Chen, "Feminisms in the Air," *Signs: Journal of Women in Culture and Society* (blog), accessed January 27, 2022, <http://signsjournal.org/covid/chen> < <http://signsjournal.org/covid/chen>> . In this essay, Chen shows how "indoor" versus "outdoor" and "private" versus "public" are used in public health conversations around COVID that ignore the limits of these discourses for so many people who never get access to private, safe, domestic spaces. Chen points to the way this binary between internal and external is muddled by the facts of racialized, classed, and gendered vulnerability, and how, instead, a "necessary mess" of these divisions leads us to a more interdependent politics. ↵
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16. Sedgwick, "Paranoid Reading," 143. ↵

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## Article details

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